



**DEPARTMENT OF LABOR (DOL)  
WORKERS' COMPENSATION  
MEDICAL BILL PROCESS (WCMBP)  
OFFICE OF WORKERS' COMPENSATION  
PROGRAMS (OWCP)**

**REMITTANCE VOUCHER USER GUIDE**

VERSION 1.1

MARCH 06, 2021



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## 1 INTRODUCTION

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The Workers' Compensation Medical Bill Process (WCMBP) Remittance Voucher (RV) guide provides a description of the various sections of the RV.

This document is intended for payees who receives a Remittance Voucher explaining the payments made from the WCMBP System by the Department of Labor (DOL) Office of Workers' Compensation Programs (OWCP). The acronyms used in this document are listed in Section 7.



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## 2 REMITTANCE VOUCHER SECTIONS

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This document explains the Remittance Voucher broken down into the following sections:

- **Cover Page**
  - Contains the details of the payee, the Remittance Voucher number, and messages from the Department of Labor
- **Summary**
  - Contains the summary of payments including Bills Summary and Financial Deductions.
- **Detail**
  - Contains the details of the bills associated to the payment.
- **Description of Codes**
  - Contains the Adjustment Reason codes and Explanation of Benefit (EOB) codes description explaining the bill processing results and adjustments to the billed amounts.



### 3 COVER PAGE

The cover page of the Remittance Voucher provides basic information including messages from the OWCP, Department of Labor.

The screenshot shows the 'Remittance Voucher DCMWC' form. It includes the CNSI logo, the payee's name and address (General Wellness Hospital), the RV Number (1770258), the Billing Provider (123456789), and the Prepared Date and RV Date (both 02/26/2021). It also contains a notice about the OWCP moving toward a fully-electronic medical bill processing system and a web registration link.

**Remittance Voucher**  
**DCMWC**

GENERAL WELLNESS HOSPITAL  
PO BOX 999999  
ANYPLACE TOWN, AA 12345

RV Number: 1770258  
Billing Provider: 123456789

Prepared Date : 02/26/2021  
RV Date : 02/26/2021

If you have questions about the format of this Remittance Voucher (RV), please see the Remittance Voucher guide at <https://owcpmed.dol.gov>.

If you have questions about this document, call 1-800-638-7072, select option for Bills, then select option to speak to an agent.

**ATTENTION - OWCP Moving toward a Fully-electronic Medical Bill Processing System**

Due to the COVID-19 pandemic, and the desire to follow social distancing and local stay-at-home orders for staff, OWCP is taking steps to move toward a fully electronic medical bill processing system. Currently we are still accepting paper bills, but providers who continue to submit paper may experience delays.

**Web Registration:** Providers can register for web portal accounts that enable electronic submission and the ability to view status of authorization requests and bill processing/payment.

- To register for web portal accounts, please reference the welcome letter and registration letter mailed to you from CNSI. Use the registration ID and temporary key provided to access your account on the web portal <https://owcpmed.dol.gov>

Figure 1. Remittance Voucher

#	Description
1	The Program name and District Office (if applicable).
2	Name and Address of the payee to whom the payment was disbursed.
3	Remittance Voucher Number. This is a unique RV identifier in the WCMBP System.
4	Billing Entity Identifier. This is the Billing Provider ID. For Claimant RVs, this will be Claimant Case ID.
5	Date this Remittance Voucher was prepared.
6	The Remittance Voucher date. This is also the WCMBP Payment cycle date.
7	This area displays general notification messages for the payee.



## 4 SUMMARY

RV Number: 1770258<sup>1</sup>

Payment # : 6385209<sup>2</sup>

Payment Amount: \$3794.47<sup>3</sup>

Billing Provider: 123456789<sup>4</sup>

Payment Date: 03/03/2021<sup>5</sup>

Payment Method:EFT<sup>6</sup>

RV Date: 02/26/2021

Bills Summary<sup>7</sup>

Count of In Process Bills: 0<sup>8</sup>

Category <sup>9</sup>	Total Billed Amount <sup>10</sup>	Total Allowed Amount <sup>11</sup>	Total TPL Amount <sup>12</sup>	Total Claimant Responsible Amount <sup>13</sup>	Total Amount <sup>14</sup>
Paid	\$5000.55	\$5000.55	\$0.00	\$0.00	\$5000.55
Denied	\$200.00	\$0.00	\$0.00	\$0.00	\$0.00
Adjustments Payables	\$0.01	\$24.01	\$0.00	\$0.00	\$24.01
Adjustments Receivables	\$0.00	-\$125.54	\$0.00	\$0.00	-\$125.54
Reversals	-\$234.34	-\$234.34	\$0.00	\$0.00	-\$234.34

Deductions<sup>15</sup>

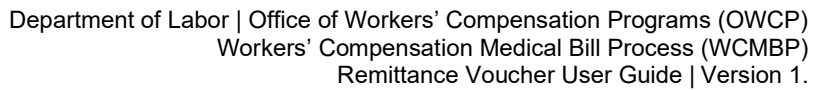
TCN <sup>16</sup>	Deduction Type <sup>17</sup>	Previous Balance Amount <sup>18</sup>	Adjustment Amount <sup>19</sup>	Remaining Balance Amount <sup>20</sup>
320021056000405000	IRS Levy	\$20.00	\$20.00	\$0.00
340721055100026000	Account Receivable	\$9.00	\$9.00	\$0.00
320021056200413000	IRS Backup Withhold	NA	\$5.76	NA
320021056000405000	IRS Backup Withhold	NA	\$1195.33	NA

Figure 2. Remittance Voucher Bills Summary



#	Description
1	Remittance Voucher number
2	Payment Number identifier in the WCMBP System.
3	Total Payment Amount issued for the Payment Number
4	Billing Entity Identifier. This is the Billing Provider ID. For Claimant RVs, this will be a Claimant Case ID
5	The date the payment is issued
6	Method of Payment (EFT or Check)
7	The Summary table explaining the summary of bills by categories
8	Number of Bills in process in the WCMBP System.
9	<b>Category of Bills</b> <ul style="list-style-type: none"><li>• Paid : Bills that are paid</li><li>• Denied : Bills that are denied</li><li>• Adjustments Payables : Bill Adjustments to prior paid bills that result in net positive payments.</li><li>• Adjustments Receivables : Bill Adjustments to prior paid bills that result in receivables</li><li>• Reversals : Reversed/ Voided transactions of prior paid bills</li></ul>
10	Total Billed Amount for bills
11	Total Allowed Amount for bills
12	Total TPL Amount. This is the amount other parties are liable to pay
13	Amount that the Claimant is responsible to pay for bills in each category.
14	Total Amount corresponding to bills in each category
15	Deductions table listing the TCNs subject to deductions by Deduction Type
16	Transaction Control Number (TCN) subject to deduction(s)
17	Deduction Type. Refers to type of deduction applied <ul style="list-style-type: none"><li>• IRS Levy</li><li>• IRS Backup Withhold</li><li>• Accounts Receivable (Auto recoupment, if applicable)</li></ul>
18	Balance amount prior to deduction
19	Amount deducted from Paid and Adjustment Payable bills 'Total Amount'
20	Balance amount after deduction





RV Number: 1770258		Payment #: 6385209		Payment Date: 03/03/2021		Billing Provider: 123456789		RV Date: 02/26/2021						
Category: Adjustments Payables														
Claimant Name / Claimant ID / Med Record # / Patient Acct # / Parent TCN/	TCN / Bill Type	Line #	Rendering Provider	Service Date(s)	Svc Code or NDC / Mod / Rev Code	Total Units	Billed Amount	Allowed Amount	TPL Amount	Claimant Responsible Amount	Paid Amount	EOB Codes	Adjustment Reason Codes	
LASTNAME, FIRSTNAME 555555555	34002105610041 5000 Professional Bill	1		01/03/2021- 01/03/2021	71250 AA	120.0000	-\$199.99	-\$199.99	\$0.00	\$0.00	-\$199.99		305 = \$0.00	
320021055000023000														
		20	Bill Total:	01/03/2021-01/03/2021		120.0000	-\$199.99	-\$199.99	\$0.00	\$0.00	-\$199.99			
LASTNAME, FIRSTNAME 555555555	32002105620041 3000 Professional Bill	1		01/03/2021- 01/03/2021	71250 AA	120.0000	\$200.00	\$224.00	\$0.00	\$0.00	\$224.00		305,94 = -\$18.24	
320021055000023000														
			Bill Total:	01/03/2021-01/03/2021		120.0000	\$200.00	\$224.00	\$0.00	\$0.00	\$224.00			
		21	Category Total:			240.0000	\$0.01	\$24.01	\$0.00	\$0.00	\$24.01			
		22	Billing Provider Total:			920.0000	\$4966.22	\$4664.68	\$0.00	\$0.00	\$4664.68			

#	Description
1	Remittance Voucher number
2	Category of Bills
3	Payment Number identifier in the WCMBP System
4	The date the payment is issued
5	Billing Entity Identifier
6	Claimant Information
7	Bill Information (TCN: Transaction Control Number. This is the unique identifier for the Bill)
8	Line number on the Bill
9	Rendering/Servicing Provider ID
10	Dates of Service as reported on the bill line.
11	Procedure Code/ Revenue Code as reported on the bill line
12	Total Units as reported on the bill line
13	Billed amount for the line
14	Allowed amount for the line
15	Third Party Responsibility amount for the line
16	Claimant Responsibility amount for the line
17	Total amount calculated for the line prior to deductions
18	Explanation of Benefits code
19	Adjustments Reason code and amount subject to Adjustment reason code
20	Totals for the Bill TCN.
21	Totals for all bills reported in this category
22	Totals for all bills reported in this Remittance Voucher



## 6 DESCRIPTION OF CODES

### Adjustment Reason Codes **1**

105 : Tax withholding.

16 : Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

305 : IRS Backup Withhold

45 : Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)

94 : Processed in Excess of charges.

### EOB **2**

30275 : CLAIMANT NOT ELIGIBLE FOR FEDERAL BLACK LUNG BENEFITS.

60820 : SUPER SUSPEND ONLINE BILL SUBMISISON

Figure 4. Remittance Voucher Adjustment Reason Codes

#	Description
1	Table of Adjustment Reason codes reported on this Remittance Voucher
2	Table of all Explanation of Benefit (EOB) codes reported on this Remittance Voucher



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## 7 ACRONYMS USED IN THIS GUIDE

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Acronym	Description
DOL	Department of Labor
EFT	Electronic Funds Transfer
EOB	Explanation of Benefits
ID	Identifier
IRS	Internal Revenue Service
OWCP	Office of Workers' Compensation
RV	Remittance Voucher
TCN	Transaction Control Number
WCMBP	Workers' Compensation Medical Bills Process